

Please fill in CAPITAL

1

Dr. _____ (name) Post Code: _____
 Surgery: _____

2

No patient personal data

Your Case Reference: _____ Initials: _____

Delivery date Always give us 12 full working days
 (d/m/y) ____ / ____ / ____ = 1 working day before the real appointment

**CROWN
& BRIDGE**

**FULL
CERAMIC
PRIVATE**

3

Restoration

☐ Porcelain bonded

- ☐ non precious (Co-Cr)
- ☐ Semi precious (Pd)
- ☐ Precious, Gold (Au)

☐ Full-Ceramic

☐ e.max

☐ Zirconia aesthetic, posterior and anterior

A zirconia core with porcelain build up

☐ Full contour zirconia, made out of one pre-shaded block.

Staining & glazing added on the core but no porcelain build up

Lab use only

4

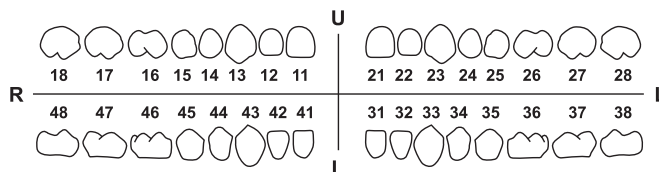
**Shade
Use VITA guide**



gingival

(please tick)

incisal



5

Margin(for porcelain bonded)

- ☐  No metal margin
- ☐  Metal margin lingual / palatal (=standard)
- ☐  Metal all around by ____ mm (standard < 0.2 mm)
- ☐  Metal backing
- ☐  Metal backing + metal palatal cusp
- ☐  Porcelain facing only

I have disinfected the impression with: _____
 by: _____

6

PRIVATE

Please always check the impression before sending. Poor impression may be liable to a minimum handling charge of £10.

* There is an additional cost for requesting delivery before 12pm
 All the appliances will be fit on the cast based on the impression.